

JAN 13 1942 85

Registration District No. _____

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan,
(b) City or town Saint Joseph,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Memorial Home, 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Yrs. 6 Mos. 3 days
(Specify whether
In this community 69 years, 1 Mo. 9 days
years, months or days)

3. (a) PRINT FULL NAME Martina Woodside Martin,

3. (b) If veteran, name war None, 3. (c) Social Security No. None,

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single,
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 10th, 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months 1 Days 9 If less than one day hr. _____ min.

9. Birthplace Saint Joseph, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Teacher,
Public School,

11. Industry or business _____
12. Name Charles Martin,
13. Birthplace Pennsylvania,
(City, town, or county) (State or foreign country)
14. Maiden name Lucinda E. Robinson,
15. Birthplace Easton, Maryland,
(City, town, or county) (State or foreign country)

16. (a) Informant E. D. Plummer
(b) Address 1019 North 13th. Street,

17. (a) Burial (b) Date thereof 12/24/41
(Burial, cremation, or removal) (Month) (Day) (Year)

18. Place: burial or cremation Mount Mora Cemetery
(a) Signature of funeral director Reator, M. H. & Co. Funeral
(b) Address 319 So. 10th. Street, Home

19. (a) 12/22/1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan
(c) City or town Saint Joseph,
(If outside city or town limits, write "RURAL")
(d) Street No. 1120 Main Street,
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19th.
year 1941 hour 9:00 minute 10 PM.

21. I hereby certify that I attended the deceased from April 10 to Dec 19 1941
that I last saw him alive on Dec 18 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Due to Myocardial degeneration
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓

Of autopsy ✓

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
While at work? ✓ (e) Means of injury 6
23. Signature S. C. Senon M.D. (M. D. or other) _____
Address St. Joseph Mo Date signed 12-26-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by 12/19/41, Registered Apprentice No. _____, working under my personal supervision.

Signed Charles Bowman

Licensed Embalmer No. 3619

P. O. Address St Joseph, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.